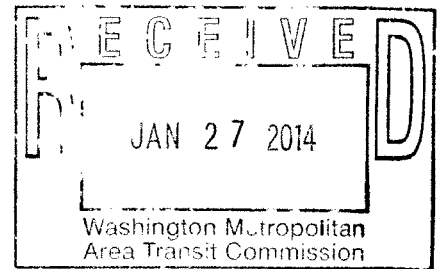


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

596 | Nigussie G. Mogus, t/a Batmn

\*WMATC No. \*Name of Carrier (as shown on certificate of authority)

6318 Indian Run Parkway | | Alexandria | VA | 22312-6439

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(202) 359-3244 | | (703) 914-5534 | batmntrans@yahoo.com

\*Telephone | Other Telephone | Fax | E-mail

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Nigussie Mogus | Sole Proprietor

\*Name | \*Title

(202) 359-3244 | | (703) 763-5704 | batmntrans@yahoo.com

\*Telephone | Other Telephone | Fax | E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
N/A	2005	FORD	1FBSS31S15HA23191	HS17431	VA	15	N/A
N/A	2006	FORD	1FBSS31L36HB23593	HS17420	VA	15	N/A
N/A	2007	FORD	1FBSS31L67DA98679	HS18030	VA	15	N/A
N/A	2007	FORD	1FBSS31L07DB01673	HS17846	VA	15	N/A
N/A	2003	FORD	1FBSS31L83HA59319	HS20097	VA	15	N/A
N/A	2005	DODGE	1D4GP24RX5B117808	WWF1405	VA	07	N/A
N/A	2007	FORD	1FBSS31L47DA62196	HS23114	VA	15	N/A
N/A	2004	CHEVROLET	1GN2DU03E44D223693	WWF1406	VA	07	N/A
N/A	2005	FORD	1FBSS31L35HA79187	HS18022	VA	15	N/A

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Nicussie Mogus

\*Name (type or print)

OWNER

\*Title (not required for sole proprietors)



\*Signature

01/27/2014

\*Date